

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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RESTAURT PREMIUM STATE FIRMOS COMMISSIE

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)	(First)		(Middle)	TELEPHONE	
•					
Rosehill,	Linda		К.	536-2611	
MAILING ADDRESS (Street)				FAX	
1088 Bishop Street,	Suite 1010			524-2628	
(City)		(State)	(Zip Code)		
, ,,					
Honolulu,		HI	9	6813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
2 20					
Rosehill & Associates					
MAILING ADDRESS (Street)				FAX	
,					
Same as above					
(City)		(State)	(Zip	Code)	
, ,,,					

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
Guardian Escrow Servic	951-6991	
MAILING ADDRESS (Street)	FAX	
2347 S. Beretania St.,	951-6995	
(City)	(State)	(Zip Code)
Honolulu,	HI	96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Frances H. Goo		951-6991
MAILING ADDRESS (Street)		FAX
Same as above		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
	Agriculture	Education	Human Services	Science, Technology & Economic Development	
X	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
*	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION O	E I OPPVICT	3					
I hereby certify that the info	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Lock	4 212 22	3/	120/07				
(Si	ignature of Lobbyist)		(Date)				
PART V AUTHORIZATION T	O LOBBY						
NAME		TITLE OF AUTHORIZING OF	FICER OR PERSON REPRESENTED				
Frances H. Goo		President					
NAME OF ORGANIZATION (if applicat	ole)		TELEPHONE				
Guardian Escrow Serv	ices, Inc.		951–6991				
MAILING ADDRESS (Street)	,		FAX				
2347 S. Beretania St	., 2nd Floor		951-6995				
(City)	(State)	(Zip	(Zip Code)				
Honolulu,	HI	968					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
_ Jran		~	8/16/07				
(Signature of Authori	zing Officer or Person Represe	nted)	(Date)				

(Date)